



## FREQUENTLY ASKED QUESTIONS ON QUALIFIED RESIDENTIAL TREATMENT PROGRAMS (QRTP)

1. **What is the difference between Intensive Temporary Residential Treatment (ITRT), Children's Private Non-Medical Institute (PNMI), and a Qualified Residential Treatment Program (QRTP)?**
  - ITRT/Children's PNMI is the service provided for youth who require that level of service intensity. QRTP establishes a set of standards for which these programs must operate. QRTP is not a different level of service intensity. The service will still be referred to as ITRT/Children's PNMI.
2. **Will all Children's Private Non-Medical Institutes (PNMIs) need to meet QRTP standards?**
  - In order for Children's PNMI programs to receive funding from MaineCare for treatment services and room and board payments from the Office of Child and Family Services (OCFS), they must meet QRTP standards.
3. **How do programs for children with Autism Spectrum Disorder fit into QRTP standards?**
  - Practice expectations are the same for all youth served in an ITRT/Children's PNMI setting regardless of diagnosis.
4. **What proportion of children in residential settings in Maine are placed in PNMIs vs. group care?**
  - There is a small percentage of youth temporarily served in other types of group care settings such as shelters, but most are served by Children's PNMIs.
5. **Will programs receive a higher payment rate to meet QRTP standards? If yes, which part of the rate will be adjusted – the room and board portion or the treatment portion?**
  - A rate study is currently being conducted to assess rate options for both room and board and treatment associated with QRTP standards.
6. **How many PNMIs are currently accredited in Maine?**
  - To OCFS' current knowledge, three (3) programs are currently fully accredited with all other licensed Children's PNMI programs having applied for and actively working towards accreditation.
7. **In practice, how will Children's PNMI/QRTP standards differ for children in state custody versus if they are not involved with child welfare?**
  - Practice expectations and quality of service are expected to be the same for all youth in residential treatment.
8. **Is the level of service intensity assessment requirement only for youth in state custody or all children receiving residential treatment?**
  - The CALOCUS-CASII assessment will be required for all youth who have applied for ITRT/Children's PNMI (residential treatment) services.
9. **Who will conduct the assessments and how will the assessment differ from current practice when youth are being considered for residential treatment? How long is an assessment relevant for placement?**
  - Kepro will conduct the initial CALOCUS-CASII assessment. The assessment will be more in-depth than current application and prior authorization processes, including interviewing the child and family.
  - ITRT/Children's PNMI eligibility is currently approved for ninety (90) days. If the youth has not been admitted to a Children's PNMI program within that ninety (90) day authorization window, a new ITRT/Children's PNMI application and updated documentation will need to be submitted for a new authorization. This includes a new CALOCUS - CASII assessment.
10. **Will the assessment be completed before or after admission to the residential treatment program?**
  - The Assessment will be completed prior to admission as part of the eligibility determination process.



- 11. Are the family involvement and aftercare requirements limited to children in state custody or for all children receiving residential treatment?**
- Family involvement and aftercare will be required for all youth who have applied for ITRT/Children's PNMI services.
- 12. How will programs meet QRTP standards, (aftercare and clinician/nursing requirements) with the workforce shortage in Maine? How will programs find people (licensed clinicians or nurses) to do this work?**
- OCFS is currently reviewing workforce issues to assist in identifying solutions and is committed to collaborating with providers to address these challenges. Providers are encouraged to consider alternative employment options to address any workforce issues (e.g. contract staffing, employee sharing).
- 13. Is there a limitation on the length of stay in a Children's PNMI/QRTP program?**
- Title IV-E reimbursement for room and board is limited to:
    1. Youth in state custody under the age of 13 placed in a Children's PNMI/QRTP program for no more than six months (consecutive or non-consecutive)
    2. Youth 13 and older in state custody placed for no more than 12 consecutive months or 18 non-consecutive months.
  - Documentation may be provided showing clinical evidence supporting the continued need for treatment in a residential setting as well as signed approval from the Director of OCFS supporting the ongoing treatment needs. Continued stay will not be supported due to lack of discharge placement.
- 14. Must programs have nurses and clinicians on site 24/7 or available 24/7 to meet QRTP standards?**
- The program must have registered or licensed nursing staff and other licensed clinical staff who provide care on-site and available 24-hours a day and 7 days a week (24/7) in accordance with the selected treatment model. There must be a nurse available to the program on a 24/7 basis, either as an employee or contracted non-employee. The nurse may provide in-person, telehealth, and/or telephonic support outside of normal business hours as needed.
- 15. Will a new division be created within the court system to review and approve Children's PNMI/QRTP placements?**
- The existing court processes and systems in place will be used to review and approve this level of service intensity.
- 16. Is the state making efforts to improve foster parent recruitment and retention to support implementation of FFPSA and time limited Children's PNMI/ITRT services?**
- Several efforts are underway to increase foster parent recruitment and retention. Kinship navigator programs are also a resource to better support the many relatives who are caring for children. OCFS is also committed to using FFPSA to improve access and availability of children's behavioral health services which may help reduce the need for children's residential treatment services.
- 17. Does an eligibility determination for residential treatment guarantee there is a vacant residential program bed?**
- No. Once eligibility is determined for this level of service, referrals will need to be made directly to appropriate Children's PNMI providers who will determine their ability to provide treatment for the youth. Referrals to residential programs will need to be made directly to programs after receiving eligibility approval from Kepro.
- 18. What if there is no family involvement such as in adoption cases?**
- If a foster family is involved, they are considered the caregivers. If there is no foster family, the assessment process proceeds with the Child Welfare Guardian, Guardian Ad Litem, and appropriate service providers while caregivers are being sought or explored.
- 19. What if the family is unable or unwilling to have the youth return to their home once residential treatment is complete?**
- Guardians are responsible for making decisions and plans for youth including the best placement option upon leaving residential treatment. Guardians should work with their youth's treatment team throughout the course of treatment to identify the most appropriate discharge option.